



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6

1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

August 23, 2002


BLACKSTONE ENTERPRISES INC
4225 MIDWAY ROAD NO 100
CARROLLTON, TX 75007
ATTN: ALLEN CARTER, OWNER

This is to acknowledge that, in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA), you have filed a Notification of Regulated Waste Activity for:

**BLACKSTONE ENTERPRISES INC
4225 MIDWAY ROAD NO 100
CARROLLTON, TX 75007**

Your EPA Identification Number for this installation is:
TXR000043992

The EPA Identification Number must be included in all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous wastes, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste reports and documents required under Subtitle C of RCRA. A Subsequent Notification of Regulated Waste Activity is required should any information on the original document change.


Charles Faultry, Chief
RCRA Information Management Section

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Registration and Reporting Section



United States Environmental Protection Agency

Notification of Regulated Waste Activity

JUN 17 2002

RECEIVED
Date Received
(For Official Use Only)
AUG 13 2002
6PD-I

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. Initial Notification



B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

TXR 000 043 992

II. Name of Installation (Include company and specific site name)

Blackstone Enterprises Inc.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

4225 Midway #100

Street (Continued)

City or Town

State

Zip Code

Carrollton

TX 75007-

County Code

County Name

DENTON

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

Same

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

Carter

Allen

Job Title

Phone Number (Area Code and Number)

Pres

972-662-2500

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box



City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

Blackstone Enterprises

Street, P.O. Box, or Route Number

Same

City or Town

State

Zip Code

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

- - -

-

-

Yes

No

- - -

8-13-02
SB
Detached from Entitled - 7-26-02

Received

JUN 17 2002

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the boxes corresponding to the activity. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 6

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

| | | | | | |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |
| | | | | | |

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| | | | | | |

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



3/8791
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

September 13, 2001

DRY CLEAN SUPER CENTER
4225 MIDWAY ROAD
CARROLLTON, TX 75007
ATTN: ALLEN CARTER, OWNER

—
This is to acknowledge that, in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA), you have filed a Notification of Regulated Waste Activity for:

DRY CLEAN SUPER CENTER
4225 MIDWAY ROAD
CARROLLTON, TX 75007

Your EPA Identification Number for this installation is:
TXR000043992

The EPA Identification Number must be included in all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous wastes, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste reports and documents required under Subtitle C of RCRA. A Subsequent Notification of Regulated Waste Activity is required should any information on the original document change.

A handwritten signature in black ink, appearing to read "Matt Raul", is written over the typed name "Charles Faultry".

Charles Faultry, Chief
RCRA Information Management Section

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

SEP 10 2001

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

TXR0000043992

II. Name of Installation (Include company and specific site name)

DRY CLEAN SUPER CENTER

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

4225 MIDWAY RD

Street (Continued)

City or Town

CARROLLTON

State

Zip Code

TX

75007-

County Code

County Name

113

DALLAS-DENTON

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

4225 MIDWAY RD

City or Town

CARROLLTON

State

Zip Code

TX

75007-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

DODD CARTER

ALLEN

Job Title

Phone Number (Area Code and Number)

OWNER

972-662-2500

VI. Installation Contact Address (See Instructions)

A. Contract Address

B. Street or P.O. Box



4225 MIDWAY RD

City or Town

CARROLLTON

State

Zip Code

TX

75007-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

ALLEN CARTER

Street, P.O. Box, or Route Number

4225 MIDWAY RD

City or Town

CARROLLTON

State

Zip Code

TX

75007-

Phone Number (Area Code and Number)

972-662-2500

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

P

P

Yes

No

RECEIVED

AUG 28 2001

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
 2. Transporter (Indicate Mode in boxes 1-5 below)
☒ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
 4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
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B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

| | | | | | |
|-----------|-----------|-----------|-----------|----|----|
| 1 F002 | 2 D007 | 3 D039 | 4 D040 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 |

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

Edouard Hightower

Edouard Hightower Manager

8-23-01

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)